FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005

Estimated average burden hours per response . . . 1.00

SEC USE ONLY

Serial

Prefix

11 4136 Section UNIFORM LIMITED	O REGULATION D, 4(6), AND/OR OFFERING EXEMPT	ION	DATE RECEIVED
Name of Offering (check if this is an amendment and name has changed,			
Convertible Promissory Notes and the underlying Pref Stock issuable upon conversion of such Preferred Stock		ersion of such N	Notes and the Common
File Under (Check box(es) that apply): Rule 504 Rule 505	Rule 506 Section 4(6)	ULOE	
Type of Filing: New Filing Amendment		7 8 60	5000
	ENTIFICATION DATA		2
Enter the information requested about the issuer		1 1 2	
Name of Issuer (check if this is an amendment and name has chan Siperian, Inc.	ged, and indicate change.)		
Address of Executive Offices (Number and Street, City, State, Zip Code)	•	Telephone N	umber (Including Area Code)
1820 Gateway Drive, Suite 109, San Mateo, CA 94404		(650) 350-2	3.5/2/
Address of Principal Business Operations (Number and Street, City, State (if different from Executive Offices)	Zip Code)	Telephone N Same	umber (Including Area Code)
Same	# # ## 618 8 		
Brief Description of Business		•	PROCESSED
Software development	04029822		
Type of Business Organization	idy formed 0	ther (please specify	MAY 2 1 2004 THOMSON
Actual or Estimated Date of Incorporation or Organization:	Month Year 1 1 0 0	Actual	FINANCIAL] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal S CN for Canada; FN for other		E	

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A DACICIDENT	IFICATION DATA		
 Each beneficial ow securities of the issu 	e issuer, if the issuner having the policer; cer and director of	owing: uer has been organized with wer to vote or dispose, o corporate issuers and of co	nin the past five years;	,	more of a class of equity
Check Box(es) that Apply:	□ Promoter	Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if Hoang, Ken	individual)				
Business or Residence Addres c/o Siperian, Inc.,	,	reet, City, State, Zip Code) ive, Suite 109, San Mateo			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Ciaramaglia, Fred	•				
Business or Residence Addres		reet, City, State, Zip Code) ive, Suite 109, San Mateo			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Mann, Darlene	individual)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		**************************************	
Business or Residence Addres c/o Siperian, Inc.,		reet, City, State, Zip Code) ive, Suite 109, San Mateo			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Wadehra, Anurag	individual)				
Business or Residence Addres c/o Siperian, Inc.,	•	reet, City, State, Zip Code) ive, Suite 109, San Mateo	The state of the s		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Blumberg, David	individual)				
Business or Residence Addres 580 Howard Street	*	reet, City, State, Zip Code) Francisco, CA 94105		,,,	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if Marsh, Robert	individual)				
Business or Residence Addre 180 Lytton Ave., P	•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Rodd, F Morgan	findividual)				
Business or Residence Addre 1550 El Camino R		reet, City, State, Zip Code enlo Park, CA 94025)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, in Blumberg Capital					
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)		

580 Howard Street, Suite 410, San Francisco, CA .94105

	ne issuer, if the issu	er has been organized with		ition of 10% or	more of a class of equity
securities of the issu	ıer;	corporate issuers and of co	·		• •
 Each general and m 					•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Red Rock Venture			·		
Business or Residence Addres 180 Lytton Ave., P				 	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ArrowPath Fund l					
Business or Residence Addres	`	reet, City, State, Zip Code)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Anthem/CIC Vent	•			-	
Business or Residence Addres 225 Arizona Avenu	•	reet, City, State, Zip Code) ta Monica, CA 90401			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if Snell, Carol	findividual)				
Business or Residence Addres	•	reet, City, State, Zip Code) ive, Suite 109, San Mateo			•
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Matsuof, Ron	findividual)	-			
Business or Residence Addres		reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Brightspark Ventu					
Business or Residence Addres 20 Englinton Ave.,	•	reet, City, State, Zip Code) Toronto, ON, Canada			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			

						B. INFOR	RMATION	ABOUT O	FFERING		-		
1.	Has t	the issuer	sold, or do	es the issu	er intend t	o sell, to n	on-accredite	ed investors	in this offer	_		Yes	No
2.	Wha	t is the mi	nimum inv	estment th	nat will be	accepted fi	rom any ind	lividual?			•••••	\$ <u>N/A</u>	
3.	Does	the offeri	ing permit	joint owne	ership of a	single unit	?					Yes ⊠	No □
4.	comr If a p or sta	mission or person to l ates, list th	similar reacted is no name of	muneratio an associa the broke	n for solic ated persoi r or dealer	itation of position of position of agent of the contract of th	ourchasers i of a broker	n connection or dealer re persons to	paid or give on with sales gistered with be listed are	of securities of the SEC a	es in the offe nd/or with a	ering.	
Full	Name	e (Last na	me first, if	individual)								
Bus	iness o	or Resider	nce Addres	s (Number	r and Stree	et, City, Sta	ite, Zip Cod	e)					
Nan	ne of A	Associated	Broker or	Dealer									
							icit Purchas				,		☐ All States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[I	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	IT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	. []	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name	e (Last na	me first, if	individual)		···		·	-		····	,
Bus	iness	or Resider	nce Addres	s (Number	r and Stree	et, City, Sta	te, Zip Cod	e)		. 1	A., 55A.		
Nan	ne of A	Associated	Broker or	Dealer								·.	
							icit Purchas						. All States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[]	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]
[N	[T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	Ι]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name	e (Last na	me first, if	individual)								
Bus	iness o	or Resider	nce Addres	s (Number	r and Stree	et, City, Sta	ite, Zip Cod	e)					
Nan	ne of A	Associated	l Broker or	Dealer			- <u> </u>	<u>.</u>					
							icit Purchas						☐ Ali States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[]	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[N	1T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	[13	[SC]	[SD]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
,	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$ 0
	Equity	\$ 0	\$ 0
	□ Common □ Preferred		
	Convertible Securities	\$_1,500,000.00	\$ 1,500,000.00
	Partnership Interests	\$ <u> </u>	\$0
	Other (Specify)	\$ <u> </u>	\$0
	Total	\$ 1,500,000.00	\$ 1,500,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	·	
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	9	\$ 1,500,000.00
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	0	\$ 0
	Answer also in Appendix, Column 4, if filing under ULOE.	_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$ N/A
	Regulation A	N/A	\$
	Rule 504	N/A	\$
	Total	N/A	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$
	Printing and Engraving Costs] \$
	Legal Fees		\$ To be determined
	Accounting Fees] \$
	Engineering Fees		\$
	Sales Commissions (specify finder's fees separately)] \$
	Other Expenses (identify)] \$
	Total	, 🗵	\$To be

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C. OFFERING PRICE.	, NUMBER OF INVESTORS, EXPE	NSES AND USE OF PRO	CEEDS
b. Enter the difference between the Question I and total expenses furnished in "adjusted gross proceeds to the issuer."	aggregate offering price given in response to Part C - Question 4.a. This	response to Part C -	\$ 1,500,000.00
Indicate below the amount of the adjusted used for each of the purposes shown. If t estimate and check the box to the left of equal the adjusted gross proceeds to the i above.	he amount for any purpose is not know the estimate. The total of the paymen	wn, furnish an hts listed must	
		Payme Office Direct Affilia	rs, ors, & Payments To
Salaries and fees			□ s
	ation of machinery and equipment		
· · · · · · · · · · · · · · · · · · ·	ngs and facilities		\$
Acquisition of other business (including offering that may be used in exchange	ng the value of securities involved in thi	is	
Repayment of indebtedness			
Working capital			
	<u> </u>		
		Π ς	\$
Total Payments Listed (column totals	added)		⊠ \$ <u>1,500,000.00</u>
	D. FEDERAL SIGNATURE	- 1000000 1 se	
e issuer has duly caused this notice to be si owing signature constitutes an undertaking b	gned by the undersigned duly authorizely the issuer to furnish to the U.S. Secu	irities and Exchange Comm	ission, upon written request
its staff, the information furnished by the issu		ant to paragraph (b)(2) of R	ule 502.
uer (Print or Type)	Signature (Date /5	7 2004
erian, Inc.	Title of Signer (Print on Tour)	May //	, 2004
ne or Signer (Print or Type) niel A. Dorosin	Title of Signer (Print or Type) Assistant Secretary		